

**City of Charlottesville  
Neighborhood Grant Program  
Application Form**

Applicant Name: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Neighborhood: \_\_\_\_\_

Neighborhood Association President (if applicable): \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Match Amount (if any): \$ \_\_\_\_\_

Source of Match – Cash: \$ \_\_\_\_\_

Donations: \$ \_\_\_\_\_

Volunteer: \$ \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

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Project Schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Location: Public Property      Yes\_\_\_\_\_      No \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date